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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/071,950 | FILING DATE 02/06/2002 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. 1274-006N |
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/273,825 03/22/1999 PAT 6,412,700
 which is a CON of 08/827,118 03/27/1997 PAT 5,925,870
 which is a CON of 08/584,135 01/11/1996 PAT 5,616,908
 which is a CON of 08/278,109 11/24/1993 PAT 5,484,992
 which is a CON of 07/960,733 10/14/1992 ABN
 which is a CIP of 07/898,919 06/12/1992 PAT 5,340,973
 which is a CIP of 07/761,123 09/17/1991 PAT 5,340,971
 which is a CIP of 07/583,421 09/17/1990 PAT 5,260,553
 and said 09/273,825 03/22/1999
 is a CON of 08/660,643 06/07/1996 PAT 5,886,337
 which is a CON of 08/293,493 08/19/1994 PAT 5,525,789
 which is a CON of 07/761,123 09/17/1991 PAT 5,340,971
 which is a CIP of 07/583,421 09/17/1990 PAT 5,260,553

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/04/2002

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|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NJ | SHEETS DRAWING 29 | TOTAL CLAIMS 37 | INDEPENDENT CLAIMS 9 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

09629

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TITLE

Bar code reader for automatically detecting the presence of a bar code using laser flicker

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| FILING FEE RECEIVED 1550 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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